

# 2018 Annual Summary Report (ASR)

Row 108

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## Primary

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**Entered**

**Data Online**

**Water System Name** GASTON, CITY OF, 41-00312

**ASR Contact** Brent Whittaker

**Email Address** brentw@cityofgaston.com

**Contact Phone Number** 503-312-8681

**Residential Connections** 322

**High Hazard Connections** 3

**Other Connections** 0

**Enabling Authority** Yes

**Revised Enabling Authority** No

**CCCS Name** Brent Whittaker

**CCCS Information** Water System Employee, or

**CCCS Cert #** 6757

**CCCS Phone** 503-312-8681

**CCCS Email** brentw@cityofgaston.com

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<b>Current written backflow prevention program plan?</b>	Yes
<b>BFPP - list of high hazards</b>	Yes
<b>BFPP - Procedure</b>	Yes
<b>BFPP Notify Water User</b>	Yes
<b>BFPP - Type of Protection</b>	Yes
<b>BFPP - Corrective Action</b>	Yes
<b>BFPP - Current records</b>	Yes
<b>BFPP - Public Education</b>	Yes
<b>Do you have RP?</b>	Yes
<b>RP - How Many</b>	6
<b>RP - Tested</b>	6
<b>RP - Passed</b>	6
<b>RP - Failed</b>	0
<b>% Tested</b>	100%
<b>RP - Comments</b>	
<b>Do you have any DC?</b>	Yes
<b>DC - How Many</b>	20
<b>DC - Tested</b>	20
<b>DC - Passed</b>	20
<b>DC - Failed</b>	0

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**DC - Comments**

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**Do you have any PVBs?**      No

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**PVB - How Many**

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**PVB - Tested**

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**PVB - Passed**

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**PVB - Failed**

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**PVB - Comments**

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**I certify**     

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**Column47**

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